# Library Reservation Form

Staff Member: _____

Subject:: _____

Grade Level: _____

Project Description: _____

*Please attach a work sheet or list if available.

Note: If we have a snow day, we will follow the six day cycle.

Dates Requested: _____

Block and/or Periods Requested _____

Number of Students in each class:

Block One ____ Block Two ____ Block Three ____ Block Four ____

Lunch Period: ____

*Have you had an opportunity to do a preliminary search as to the availability of library sources for the assigned research project?* _____

_____

Does this project require instruction on library procedures, equipment, or materials? The library staff will be more than happy to assist your project in any way possible. _____

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You will receive confirmation of you reservation within three school days.